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Alberta
HEALTH

Office of the Minister

130 Legislature Building, Edmonton, Alberta, Canada T5K 2B6 403/427-3665

February, 1989

The Honourable Dr. David J. Carter
Speaker
Legislative Assembly of Alberta
325 Legislature Building
Edmonton, Alberta
T5K 2B6

Sir:

I have the honour to present the second Annual Report of the Department of Community and Occupational Health for the period ended March 31, 1988.

Respectfully submitted,

Nancy J. Betkowski
Minister

Alberta
HEALTH

Office of the Deputy Minister

P.O. Box 2222, 11010 - 101 Street, Edmonton, Alberta, Canada T5J 2P4 403/427-7164 Fax 403/427-1577

February, 1989

Honourable Nancy J. Betkowski
Minister
130 Legislature Building
Edmonton, Alberta
T5K 2B6

Madam:

I have the honour to present the second Annual Report of the Department of Community and Occupational Health, covering the fiscal year ended March 31, 1988.

Respectfully submitted,

Rheal LeBlanc
Deputy Minister

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Summary of Major Activities

1987/88 marked the second year of operations for Alberta Community and Occupational Health. During this time, the department continued to emphasize its role in prevention, education, and the promotion of safe, healthy lifestyles.

The document, *Moving Into The Future For The Health Of Albertans*, was released early in the year. It explores the challenges and opportunities facing the province, including health trends, strategies and goals. Several pieces of legislation were also amended to enhance the department's goals.

The Edmonton tornado during the summer of 1987 required extensive involvement by the department in such areas as search and rescue operations, emergency medical response, coordination of community resources, counselling for victims and aid workers, and disaster planning. During the 1988 Calgary Winter Olympics, the department provided assistance in dental care, mental health maintenance and general public health standards.

Public Health

The department launched a 3-year, $6.6 million multi-media AIDS education and awareness campaign, including a toll-free AIDS information line. As well, Canada's first provincial AIDS resource collection was developed by Library Services.

The department also introduced the Alberta Assessment and Placement Instrument on a voluntary basis. This initiative promotes standardized patient classification and a single point of entry to all provincial long-term care services.

A two-year pilot project on health unit funding was planned. The results will determine whether increased flexibility in global funding will improve service delivery.

Mental Health

Mental Health continued to shift its efforts from institutional care to community care. These efforts coincided with the downsizing of institutional facilities and several reconstruction projects to increase out-patient services, day programs and respite care.

Two discussion papers were released during the year. *Exploring the Circle* identifies mental health issues among native children, and *Mental Health Services in Alberta* explores trends and objectives for service delivery. The department also began planning an awareness/education campaign to improve public attitudes toward mental illness.

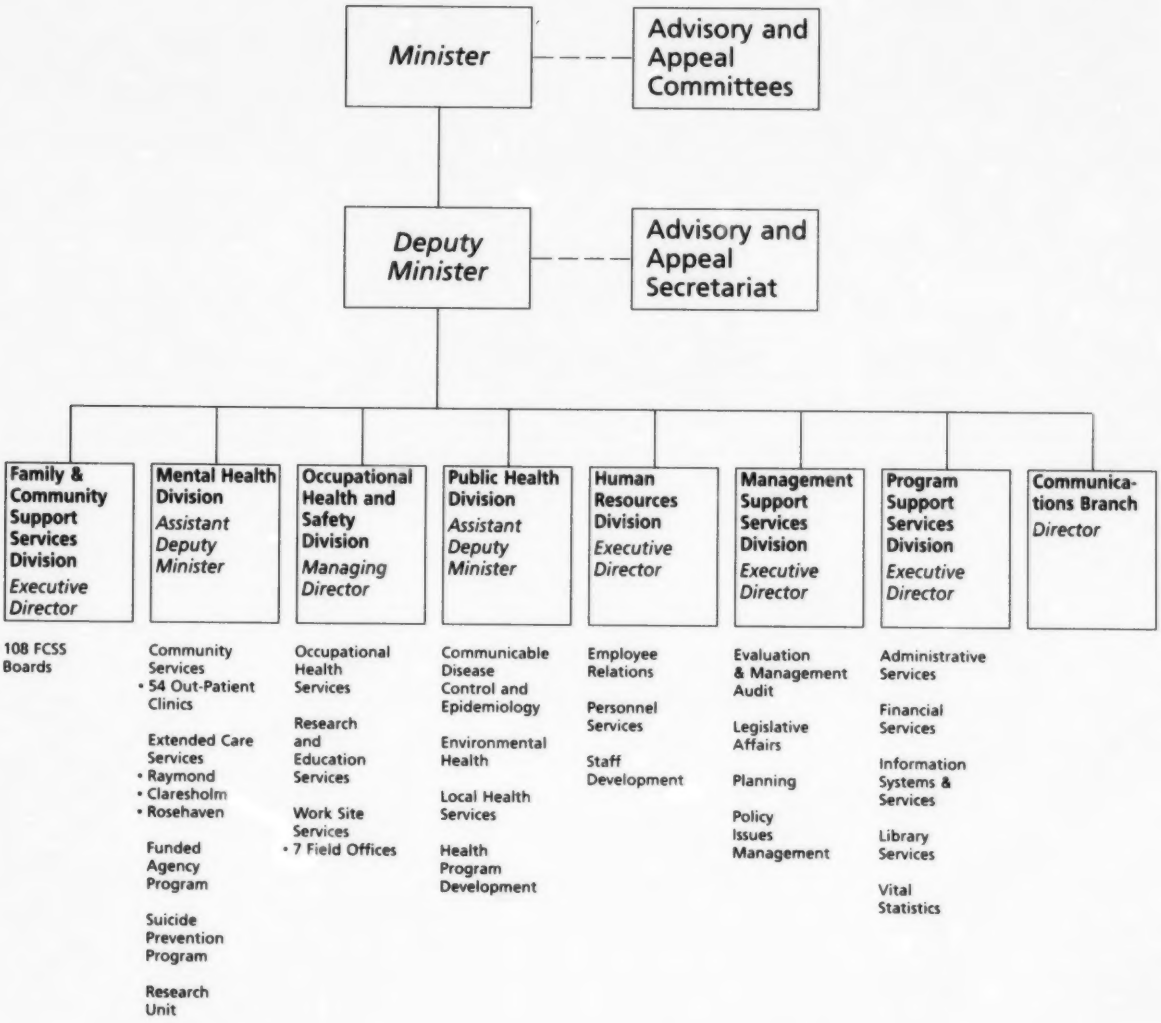
Mental Health signed some collaborative agreements with other departments and mental health agencies. The result is several pilot projects to evaluate single point of entry for patients, joint consultation and shared staffing/resources among programs.

Occupational Health and Safety

Some areas within Occupational Health and Safety were reorganized to enhance service delivery, with further restructuring planned for 1988/89. One outcome of the reorganization is privatization, with the responsibility for some services transferred to private sector agencies.

Introduction of the Workplace Hazardous Materials Information System (WHMIS) progressed from agreements in principle to a timetable for implementation. WHMIS emphasizes improved labelling and education on hazardous substances in the work place.

Organizational Chart



Public Health Division

The Public Health Division directs, coordinates, and integrates activity in four major areas: Communicable Disease Control and Epidemiology, Environmental Health, Local Health Services, and Health Program Development. Virtually all services are provided through Alberta's 27 locally autonomous health units.

During the 1987/88 fiscal year, primary focus was on preventive and education programs for sound nutrition and for pre-natal and child health; on fluoridation of water supplies; on prevention of smoking; and on Acquired Immune Deficiency Syndrome (AIDS). Briefly, key initiatives during the year included the following:

- Launch of a 3-year, $6.6 million AIDS awareness and education campaign.
- Introduction of the Alberta Assessment and Placement Instrument (AAPI). This identifies the needs of long-term care clients so that the most appropriate arrangements can be made for them.
- Division of the Provincial Laboratory into two administrative units. The Southern Alberta unit is now administered by Foothills Provincial Hospital, Calgary; the Northern Alberta unit by the University of Alberta, Edmonton.
- Planning for a pilot project to determine whether the increased flexibility of global funding improves service delivery by health units. Between 1988 and 1990, three health units will make their own decisions on how to apportion allocated funds to meet the needs of their communities.
- Execution of strategies to deal with a tuberculosis outbreak in a small northern community.

Reports from each of the division's four activity areas follow.

Communicable Disease Control and Epidemiology

This activity area is responsible for monitoring infectious and selected non-communicable diseases, and for introducing programs to minimize the impact of these diseases. This work is carried out by three units: Epidemiology and Disease Control, Sexually Transmitted Disease (STD) Control, and Tuberculosis Services.

These units, with the cooperation of health units, hospitals and physicians, monitor communicable diseases in the province, identify interventions, and supply assistance as needed. Data generated in Alberta is used for professional and public education, becomes part of a national data base, and is finally transmitted to the World Health Organization.

Significant factors affecting workloads during the year were the continued high profile of Acquired Immune Deficiency Syndrome (AIDS), the high incidence of chickenpox and measles, and one of the largest outbreaks of tuberculosis ever recorded in Alberta.

Highlights

- Adoption of *Education and Caring*, a strategy to deal with AIDS.
- Extended use of the province's Adverse Reaction Monitoring Program. This provides data on the true risk associated with vaccines. During the year, the program was used by other provinces to help counter adverse media coverage, and its effectiveness is being recognized throughout North America.
- Introduction of a new vaccine to prevent death, severe disease and permanent disability from haemophilus bacterial (Hib) infection.
- Implementation of a program to identify newborn infants at risk of hepatitis B and to prevent this chronic and eventually lethal infection.

Epidemiology and Disease Control

This unit is responsible for dealing with diseases that can be prevented with vaccines; for general control of infectious diseases; and for epidemiologic support in non-communicable disease issues. The unit works in consultation with health units, hospitals, physicians, and other government agencies and departments.

Because of immunization and other preventive measures, notifiable diseases are no longer major causes of morbidity and mortality, as they were in earlier decades. (*Table 1* compares the number of cases reported of selected notifiable diseases over a three-year period.) In 1987, 54 deaths due to these diseases were reported, three more than in 1986. However, it should be noted that half of these deaths were due to AIDS.

Cause of Death	No. of Deaths
AIDS	27
Infections of the nervous system	6
Hepatitis	6
Infectious diarrhea	5
Legionnaires' disease	3
Complications from chickenpox	3
Hemolytic uremic syndrome	2
Other	2

Table 1
Selected Notifiable Diseases: Alberta 1985-87

	1987	1986	1985
AIDS	41	22	13
Amoebiasis	113	114	110
Campylobacteriosis	885	871	609
Chickenpox	18,930	14,184	Incomplete
*Diphtheria			
Cases	0	1	0
Carriers	2	0	1
Giardiasis	1,531	1,613	1,509
*Haemophilus Infections	142	145	113
Hemorrhagic colitis (E. coli)	357	180	104
Hepatitis A	143	309	421
Hepatitis B	181	194	176
Leprosy	3	4	1
Malaria	55	41	53
*Measles	745	811	75
Meningitis, other bacterial	33	46	31
Meningitis Viral or Aseptic	38	25	39
Meningococcal Infections	31	21	21
*Mumps	251	233	181
*Pertussis (whooping cough)	172	184	56
*Poliomyelitis	0	0	0
*Rubella	388	1,158	436
Salmonellosis	951	757	0
Shigellosis	208	148	193
*Tetanus	0	0	0
Toxic Shock Syndrome	5	4	2
Typhoid Fever	8	4	8

* Immunization is routinely offered to all Alberta children.

Immunization against eight serious diseases is routinely offered to all children in Alberta (see *Table 1*). Immunization levels remain good: 95-98% receive full immunization by the first year of school. In 1987, approximately 2,400 reports of adverse reaction to immunization were received through the Adverse Reaction Monitoring Program. Most of these reactions were minor and temporary; none had permanent neurological effects.

The paragraphs which follow provide a brief commentary on the most significant figures in *Table 1*.

Acquired Immune Deficiency Syndrome (AIDS)

In terms of public concern, AIDS was by far the most prominent communicable disease in 1987/88. The 41 new cases reported in 1987 were almost double the 22 reported in 1986. Other noteworthy facts include the following:

- The cumulative total of cases in Alberta to the end of 1987 was 88; deaths totalled 55 in the same period. These figures were the fourth highest rate among Canadian provinces.
- Risk behaviours as percentages of all cases reported include male homosexuality at 83% and receipt of infected blood products at 10%.
- Six patients have been females, five being adults. Blood transfusions were the risk factors reported for four of the adults.
- Of all AIDS patients, approximately two-thirds have been men aged 20-45.
- In 1987, the number of tests for the AIDS virus conducted by the Provincial Laboratories increased dramatically, to 12,862 from 2,163 in 1986. Of the 1987 tests, 319 were positive.
- Tests made at the Red Cross Blood Transfusion Service in 1987 totalled 122,443. Only five were positive.

Other Diseases

Chickenpox was the disease most frequently reported in 1987. The 18,930 cases represented a 33% increase over 1986.

Measles continued to have a high incidence with 745 cases being reported. Although this was lower than the 811 cases in 1986, it was still nearly 10 times greater than in 1984 and 1985. Less than optimal immunization levels are considered a primary cause.

Hemorrhagic colitis due to E. coli 0157:H7 increased dramatically, to 358 from 180 in 1986, possibly due to better disease recognition and reporting in northern Alberta. Highest attack rates were in children under five years of age and in adults aged 20-30.

Whooping cough continued at an unacceptably high rate: 172 cases in 1987, 184 in 1986. Significant contributors to these figures were outbreaks in a few small communities in northern Alberta.

Legionella infections were up considerably over 1986, but all were sporadic cases; there were no clustering of cases or outbreaks.

Malaria cases increased to 55 from 41 in 1986. Increases in the disease also occurred elsewhere in Canada.

Sexually Transmitted Disease Control

This unit's goal is to provide a comprehensive program for the control in Alberta of sexually transmitted diseases, including these services:

- Free and confidential diagnostic and treatment clinics in Calgary, Edmonton and Fort McMurray. Patient visits to these three clinics in 1987/88 totalled 28,932.
- Surveillance for six notifiable diseases: gonorrhea, syphilis, non-gonococcal urethritis (NGU), mucopurulent cervicitis (MPC), chancroid, and lymphogranuloma venereum.
- Epidemiological services, clinical research, and data monitoring.
- Consultation to physicians; professional and public education.

STD Control is also responsible for the Alberta AIDS Program, a 3-year, $6.6 million education and awareness campaign that was launched in 1987/88. The program outlined a strong commitment to supporting community agencies, with grants provided to health units, AIDS Calgary and AIDS Network of Edmonton.

Initiatives under the AIDS Program included a province-wide survey, the development of educational resources, and consultation to other government and private sector groups.

Highlights

- 1,500 adults and teenagers were surveyed on AIDS-related knowledge and attitudes. The findings were used to plan a multi-media educational campaign for 1988/89.
- A toll-free AIDS Information Line was started in December, 1987. It received 753 calls in its first month of operation.

- Numerous resources were developed to support AIDS education in schools, including workshops for teachers, audio-visual aides, teaching resource guides and a brochure for students.
- Distribution continued of two resource materials: *The Facts On AIDS*, a public information brochure, and *HIV Antibody Testing*, information for physicians and patients.
- A working group on AIDS Patient Care was established, and an AIDS consultant was hired to work with the department's Occupational Health and Safety Division.
- In total, 1,055 educational presentations, attended by 21,686 people, were given by the unit's education and medical staffs. This was an increase of 40% over the 756 presentations made in 1986.
- NGU and MPC continued to be major concerns with 12,753 cases reported. This was an increase of 1,702 from 1986.

- Gonorrhea cases dropped to 4,107, the lowest since 1950, when records were first kept.
- There was a similar decline for syphilus, with 132 cases reported. This represented an 18% decrease from 160 cases in 1986.

Tuberculosis Services

To improve the province's monitoring and control of tuberculosis, an emphasis was placed on enforcing treatment regimes, increasing prevention, and evaluating treatment results.

High-risk groups were also targeted for prevention and treatment programs. Noteworthy facts on tuberculosis in Alberta include the following:

- While the incidence of the disease is declining, on average, by 3% a year, the rate among Treaty Indians (152.8 per 100,000) remains 20 times greater than for all Albertans (8.6 per 100,000).
- Respiratory (pulmonary) tuberculosis accounts for 42.9% of all active cases (see Table 2).
- The preponderance of lymph node disease in the foreign-born, particularly immigrants from southeast Asia, is a well-recognized but unexplained phenomenon.
- During the year, one of Alberta's largest-ever outbreaks occurred in one community near Peace River. In total, 46 cases were identified in association with a single source case.

Table 2
Active Tuberculosis Cases in Alberta, 1987
Distribution by Type and Ethnic Origin

	Foreign Born	Treaty Indian	Metis	Other Canada Born	Total	%
Respiratory	26	24	10	29	89	43.4
Primary	–	35	7	1	43	21.0
Pleural	4	7	2	2	15	8.3
Miliary	4	2	1	–	7	3.4
Lymphadenitis	21	2	1	2	26	12.7
Genitourinary	8	1	–	3	12	5.9
Other						
Bone and joint	1	1	–	–	2	
Peritonitis	–	4	–	–	4	
Meningitis	2	1	–	–	3	6.3
Skin/soft tissues	3	–	1	–	4	
Total	**69**	**77**	**22**	**37**	**205**	**100**
Percentage	**33.7**	**37.6**	**10.7**	**18.0**		

Environmental Health Branch

The mandate of the branch is to prevent, correct or control environmental conditions which may adversely affect the health of Albertans. These conditions might be physical, chemical, or biological.

Specialists in many disciplines investigate environmental health conditions throughout the province. They also act as consultants to public health inspectors in health units; provide advice, information, and training on environmental health issues; and oversee enforcement of certain regulations under the Public Health Act.

The branch takes a lead role in setting new directions in areas of environmental concern. These areas include:

- quality assurance in food and water;
- effective control and disposal of waste materials;
- monitoring and assessment of indoor air quality in homes and public places;
- responses to sour gas emergencies;
- guidelines for the evacuation of people exposed to hydrogen sulfide; and,
- legislation under the Public Health Act on sanitation and safety in communities.

Highlights

- A review on exposure to hydrogen sulfide was completed. Results will help in setting guidelines for evacuation procedures should an uncontrolled release of this gas occur.
- Development of a "shelter versus evacuation" strategy continued in preparation for chemical air contaminant emergencies.
- Development continued, with other agencies, of emergency public health procedures needed to respond to natural or man-made disasters.
- To support the Alberta Waste Management Information System, a data base was compiled and appropriate storage and retrieval facilities were developed.

Local Health Services

Community Health Nursing

Over 800 community health nurses provide services to the public through programs such as communicable disease control, health screening and health education. The emphasis is on health promotion and disease prevention in the home, school and workplace.

Community Health Nursing encompasses several areas:

- Promoting wellness and preventing chronic illness in seniors.
- Screening for potential problems in child development, growth, vision, hearing and speech.
- Pre-natal and post-natal health care and education.
- Immunization for children and adults.
- Referring clients to health services within the health unit and the community.

Approximate statistics for selected community health nursing activities during 1987/88 are as follows:

Contacts with seniors	140,000
Contacts with post-partum mothers	47,000
Contacts through group health education	300,000
Health screenings	770,000
Health referrals	60,000
Immunizations (doses)	500,000

Highlights

- The second edition of *Baby's Best Chance*, a 13-week television series on pregnancy, birthing and parenting, was aired in cooperation with ACCESS Network.

- *Safe and Secure*, a guide for parents of infants and preschoolers, was developed. The handbook and accompanying checklists provide information on safety and injury prevention.
- A series of articles on seniors' health, *Step By Step For Seniors*, was developed and distributed to local newspapers.
- The Worsley Health Centre was completed to enhance local health services.

Early Intervention Program (EIP)

Early Intervention is a home-based support service for families of developmentally delayed children between birth and 3½ years. Its goal is to support the family in meeting the child's developmental needs.

Participating children may have a delay in some or all developmental areas including motor, language, self-help, cognitive, sensory, or social skills.

Delays may be caused by a diagnosed handicapping condition such as Down Syndrome, cerebral palsy, or visual and/or hearing impairments.

Currently there are 14 Early Intervention Programs operating in the province. The programs are administered by health units, school boards, and voluntary associations and serve approximately 600 families per year.

Highlights

- The third Provincial Training Workshop was held to train EIP workers and update their skills.
- A revision of the program's general information pamphlet was completed.

Alberta Hereditary Diseases Program

The Alberta Hereditary Diseases Program provides province-wide genetic services to Albertans who either have or are at risk of acquiring a hereditary disease.

Through Alberta health units, twenty outreach nurses provide access to medical genetic centres in Edmonton and Calgary. Nurses help identify those who have hereditary diseases, assist in compiling family histories, and help families deal with hereditary diseases. In addition, outreach nurses promote public awareness and professional education regarding hereditary diseases.

Highlights

- The Alberta Hereditary Diseases Program Advisory Committee is developing a five year plan (1988 through 1993) outlining the future of the Alberta Hereditary Diseases Program.

Dental Health Branch

This branch monitors the state of oral health in the province and, in conjunction with the health units, develops dental programs and services. Its goals are to prevent dental disease and to promote good oral health. Specialists provide preventive services such as oral screenings and referrals, fluoride therapy, and dental health education.

Highlights

- Mobile dental clinics and visiting dentists treated approximately 20,000 Albertans in 13 communities.
- In total, 40,000 copies of *Congratulations New Mother*, a guide to the development and care of children's teeth, were distributed to Alberta hospitals.
- Health units provided fluoride rinses to 75% of children in grades one to six.
- The branch set up a dental clinic for the use of visiting athletes and officials at the XV Olympic Winter Games in Calgary.
- Local campaigns were sponsored to fluoridate water supplies and to start new preventive programs.

Alberta Aids to Daily Living (AADL)
Extended Health Benefits (EHB)

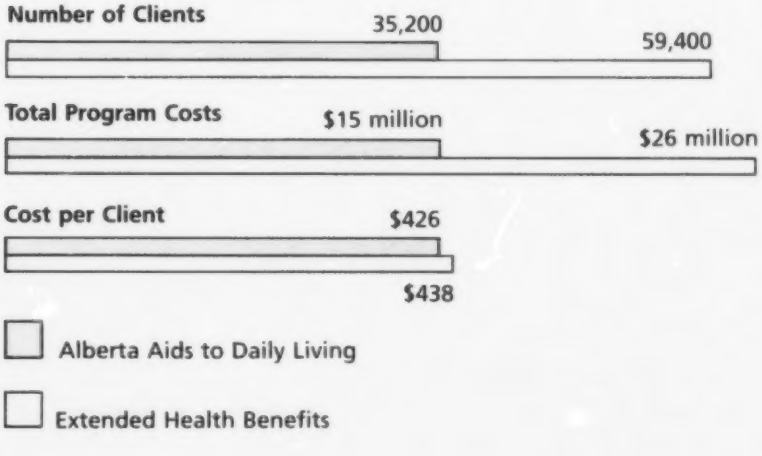
These programs assist disabled and chronically ill individuals with the cost of medical equipment and supplies they need to continue living in their communities. Items which qualify include, among others, wheelchairs, walking aids, home oxygen equipment, orthotics, and prosthetics.

AADL meets the needs of people aged under 65; EHB serves people aged 65 and over. *Figure 1* illustrates some basic comparisons between the two programs: number of clients, total cost, and cost per client.

Highlights

- Cost-sharing was introduced in June 1987 for AADL clients who can afford to pay. Other AADL and all EHB clients continue to receive 100% coverage. Citizen Appeal Committees were set up to adjudicate for Xients wishing to appeal their cost-sharing status.
- A survey to determine program effectiveness revealed that 90% of clients see AADL/EHB benefits as increasing their independence or quality of life.

Figure 1
Alberta Aids to Daily Living and Extended Health Benefits
Principal statistics for the two programs, 1987

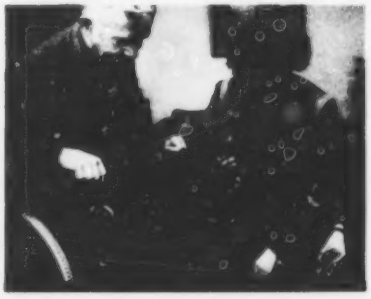


Coordinated Home Care Program

Under this program, health units provide health and support services to help people remain independently in their homes. While 88% of clients are senior citizens, the program also serves individuals with acute and palliative care needs. Demand for home care is rising, and the caseload has doubled in the last four years.

Principal statistics for the year were as follows:

Total number of clients	24,280
Nursing visits	530,100
Homemaking visits	173,928
Personal care visits	202,008
Rehabilitation therapy visits	28,944
Number of volunteers	1,028
Hours of home care given by volunteers	41,188



Highlights

- Use of the Alberta Assessment and Placement Instrument (AAPI) began on a voluntary basis. The AAPI assesses institutional and home care services available to a client, and then determines the most suitable accommodation. Emphasis is placed on keeping people in their own homes. Response to voluntary use of AAPI has been positive. At March 31, 1988, 18 of 27 health units had received training in using the AAPI form.

- Some Home Care Programs are now being used as entry points to the long-term care system, and are thus being seen as the first option of care.
- Development of a standardized Homemaker Training Program began in cooperation with Alberta Vocational Centres.
- The program continued to recruit, train, and supervise volunteer home care workers. In several instances, volunteer programs were established and later turned over to community groups to manage.

Speech Pathology and Audiology

This unit helps Albertans with speech, language, or hearing disorders, with priority given to preschool children. Approximately one-third of speech pathology services are provided through health units; the other two-thirds are offered through schools, hospitals and private agencies.

Consulting services are also offered to health units and other divisions in the department. The unit liaises with other government departments, professional associations and agencies, and the public.

Principal statistics for the year were as follows:

Referrals received by health units	4,332
Speech assessment and follow-up reviews	6,886
Patients treated for speech disorders	3,732
Hearing assessments	4,455
Public education programs given	492

Highlights

- The department continued to liaise with other government departments to establish province-wide responsibility for providing speech-language pathology services.

Health Program Development Branch

The branch's prime responsibilities are to originate programs that address emerging health issues, and to coordinate programs that encourage Albertans to adopt healthier lifestyles. In particular, staff consult with health units on the development and management of programs dealing with reproductive health and sexuality, nutrition, health education in schools and health promotion.

Highlights

- Several health units ran special nutrition programs: Athabasca produced a kit on school nutrition for teachers; the Barons-Eureka-Warner unit ran supermarket tours; the Edmonton Board of Health ran an information campaign on restaurant nutrition and organized television presentations; Mount View held a fashion show to promote Healthy Weights For All Shapes.
- The branch surveyed family physicians and found more than 90% provide nutrition information to patients.
- The branch co-sponsored a community heart health seminar in Calgary and joined a task force on heart disease prevention.
- The Red Deer Health Unit sponsored a program on heart health for local work sites.
- The Break Free Campaign ran a contest for students to *Break Free and Tell Us Why Smoking is a Drag.* More than 400 entries were received.

Publications

- *Moving Into the Future for the Health of Albertans* stimulates discussion of health. It highlights health promotion, prevention of ill health, and community involvement.
- *Health Promotion Programs in Alberta Health Units, 1987* was the first full overview of programs in health units.

Family and Community Support Services Division

Family and Community Support Services (FCSS) Division is responsible for helping communities to promote social, physical, and mental well-being. The division's goal is to supplement legislated programs and improve the quality and effectiveness of community efforts.

Through FCSS, communities may design and deliver programs to prevent social breakdown, to promote well-being, and to strengthen volunteerism. Municipalities, improvement districts, Indian bands, Metis settlements, and national parks are eligible to operate local FCSS programs.

Funding is provided on a cost-shared basis, with the province contributing up to 80% and the municipalities 20%. The focus is on local programming: each community has the authority and responsibility to set its own priorities and develop services based on local needs.

Funds allocated to municipalities during the 1987/88 fiscal year were as follows:

Administration and Planning	$ 5,097,543
Direct FCSS Funding	27,307,820
	$32,405,363

Highlights

- During 1987/88, 108 municipal-provincial agreements were in effect with programs serving 91% of all Albertans, despite a slight reduction in per capita grants.
- Community programs included after-school care, meals on wheels, youth outreach, centres for seniors, family life education, home support, volunteer development, and information and referral services.
- The concept of volunteers working in FCSS communities continued to receive widespread support. In 1987/88, volunteers provided 1.5 million hours of support, or the equivalent of 1,000 man-years.

Mental Health Division

The Mental Health Division is responsible for ensuring that high-quality preventive, treatment and support services are available to mentally ill Albertans. This responsibility is discharged through five main operational areas: Community Mental Health Clinics, Extended Care Services, the Funded Agency Program, the Suicide Prevention Program, and the Mental Health Research Unit.

A major focus of activity during the 1987/88 fiscal year was the continued development of programs which emphasize community service for clients as an alternative to institutional services. Also, initiatives were aimed at further enhancing mental health services in the province. These included the following:

- Preparation of two discussion papers. The first, *Exploring the Circle*, concerns mental health issues among native children. The second, *Mental Health Services in Alberta*, prepared jointly with Alberta Hospitals and Medical Care, outlines a strategy for giving Alberta the pre-eminent mental health system in Canada.
- At the direction of the Social Planning Committee of Cabinet, planning started on a pilot project to operate mental health services under a single authority in one region of the province.

- A special committee was established to improve public attitudes toward mental illness. The committee is headed by the Chairman of the Provincial Mental Health Advisory Council.
- Discussions continued with other government departments to establish programs on children's mental health.

Reports from each of the division's operational areas follow.

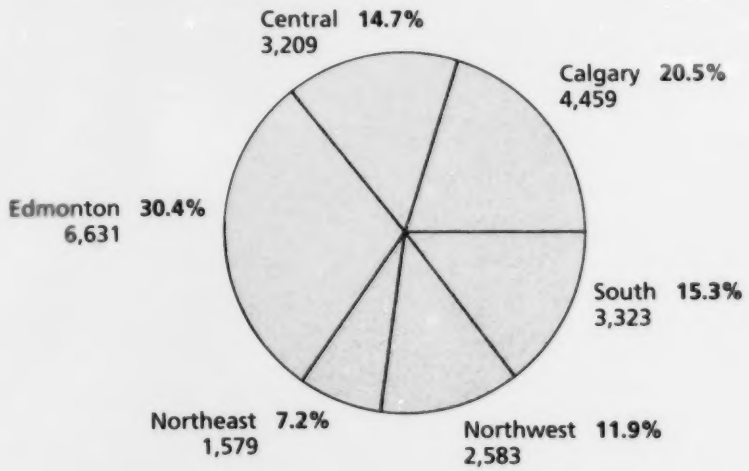
Community Mental Health Clinics

A network of 54 permanently staffed mental health clinics and 45 satellite clinics serves clients throughout the province. These clinics provide:

- assessment and treatment for clients;
- consultation to general practitioners, nursing homes, schools, and other community agencies;
- follow-up services to patients discharged from extended care centres and other institutions; and,
- placement of clients in residential and non-residential community facilities or programs.

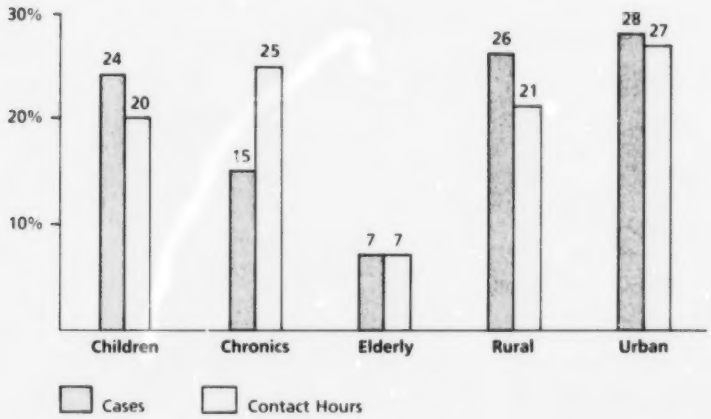
In the 1987/88 fiscal year, the clinics served 21,784 cases. Regional distribution of this caseload appears in *Figure 2*, showing that more than half of the caseload is concentrated in the urbanized regions of

Figure 2
Community Mental Health Clinics Caseload Distribution, by Region
April 1, 1987 - March 31, 1988



Source: Alberta Mental Health Management and Planning System

Figure 3
Community Mental Health Clinics – Caseload Versus Contact Hours
April 1, 1987 - March 31, 1988



Edmonton (6,631 cases) and Calgary (4,459 cases). The flow of registrations and terminations is shown in *Table 3*.

Community clinics place special emphasis on meeting the needs of four client groups: 1) individuals chronically disabled by mental illness, 2) children and adolescents, 3) the elderly, and 4) rural residents. Clients not included in these groups are classified as urban.

Figure 3 shows these groups as percentages of the total caseload and total contact hours. The chronically disabled, although accounting for 15% of the total caseload, consume 25% of the contact hours. The table below shows the number of cases and the hours spent on face-to-face service provision for each group.

	Number of cases	Number of face-to-face hours
Children	5,290	23,318
Chronics	3,334	28,456
Elderly	1,419	8,160
Rural	5,561	24,054
Urban	6,180	31,133
Total	**21,784**	**115,121**

Source: Alberta Mental Health Management and Planning System, July 13, 1988.

Highlights

- *Accreditations:* Central region received a three-year award (the highest possible) from the Canadian Council on Hospital Accreditation; Northwest Region received a two-year award.
- *The Edmonton tornado:* This involved Edmonton Region in new prevention and promotion functions, in disaster planning, and in planning services for victims. Activities included debriefings, administrative and organizational support to relief services, counselling, and media presentations. The Tornado Stress Management Program is still operating and has provided clinical services to more than 120 clients with more than 2,500 hours of clinical, community and educational services.
- *The Olympic Winter Games:* Calgary Region liaised with the Olympic Intelligence Investigation Unit to establish procedures for identifying and preventing disruptive incidents.

Regional Highlights

Northeast

- Mental Health Services, Alberta Social Services, and Family and Community Support Services combined resources in Fort McMurray to create a Family Service Agency to help couples and families.
- Agreements were made with the Regional Hospital, Fort McMurray, and the St. Therese Hospital, St. Paul, for combined delivery of mental health services. The model programs, the first of their kind in Alberta, allow for collaborative use of resources including cross-appointed staff, single entry for patients, joint case conferences, and shared funding.
- The first Children's Health Agreement was negotiated between Mental Health Services

Table 3
Community Mental Health Clinics Caseload Summary, by Region
April 1, 1987 - March 31, 1988

Region	Active cases at April 1, 1987	Registrations	Total Caseload	Terminations	Active cases at March 31, 1988
Calgary	1,750	2,709	4,459	2,759	1,700
Central	868	2,341	3,209	2,294	915
Edmonton	2,476	4,155	6,631	3,878	2,753
Northeast	389	1,190	1,579	1,012	567
Northwest	760	1,823	2,583	1,423	1,160
South	1,216	2,107	3,323	1,982	1,341
Total	**7,459**	**14,325**	**21,784**	**13,348**	**8,436**

Source: Alberta Mental Health Management and Planning System, July 13, 1988

and Alberta Social Services. This pools the resources of both to provide high-quality care for children.

Northwest

- Plans for the Crisis Intervention Pilot Project were completed and short-term intervention services were started at Slave Lake. The pilot will test whether its approach can be extended to enhance other services in the region.

Edmonton

- Group therapy was started for families of schizophrenics, people suffering from manic-depressive disorders, young schizophrenics, and preschool children with mental health disorders. An interpersonal skills training program was introduced to assist the rehabilitation of chronic patients.
- The Geriatric Psychiatry Program offered "Patient Consultation Rounds" to the staff of long-term care institutions. These help staff care for patients suffering from mental disorders.

Central

- Para-professionals were used as case aides in a pilot project aimed at extending the effectiveness and range of client services. Other outreach activities included the start of a joint program with Alberta Solicitor General in which Central Region staff provide clinical supervision at the Red Deer Remand Centre.
- Formal agreements to collaborate in service provision were negotiated with the General Hospitals in Ponoka and Stettler.

South

- An early intervention program was established at Lethbridge as a joint project of the City of Lethbridge, the two local school boards, Alberta Social Services and Mental Health Services.
- Expansion of psychogeriatric services was jointly funded with the Regional Hospital, Medicine Hat.

Extended Care Services

The division maintains three extended care centres: Claresholm, Raymond, and Rosehaven (Camrose). These centres provide residential and day programs for adults with chronic mental illness.

All three centres are rebuilding or renovating their premises, which will result in fewer in-patient beds. The goal of the centres is to develop facilities that will serve more people and, wherever possible, prepare them for returning to live in their home communities.

Day programs and respite beds have been established and will be expanded to reflect the emphasis on reducing the length of stay of in-patients. Respite beds are provided for chronically ill individuals who do not need continuous institutional care, but who cannot be maintained indefinitely in the community without placing undue stress on their families.

Table 4 presents selected indicators for the three care centres. *Figure 4* shows that admissions as a percentage of patient totals rose by several points in 1987/88 over 1986/87, despite a reduced bed count at each care centre.

Highlights

- The Claresholm and Raymond centres each received a three-year award from the Canadian Council on Hospital Accreditation.
- Claresholm: The first phase of capital construction was completed with the opening of the Starholm Admission/Discharge Unit. As well, the number of in-patient beds was reduced and the day program capacity was increased.
- Raymond: The Activities of Daily Living Program model was used to plan services for clients discharged to three new group homes.
- Rosehaven: The number of in-patient beds was reduced, a new Day Hospital was opened, and the number of respite beds was increased. As well, construction started at Rosehaven on a new 100-bed nursing unit.

Also during the year, of the 126 patients discharged (see *Table 4*), 57 were successfully processed through the Rehabilitation Services Unit. This unit assesses and treats short-term patients in preparation for independent community living.

Figure 4
Extended Care Centres Admissions as a Percentage of Patient Total 1986/87 and 1987/88
(Note: Patient Total = Admissions + Census)

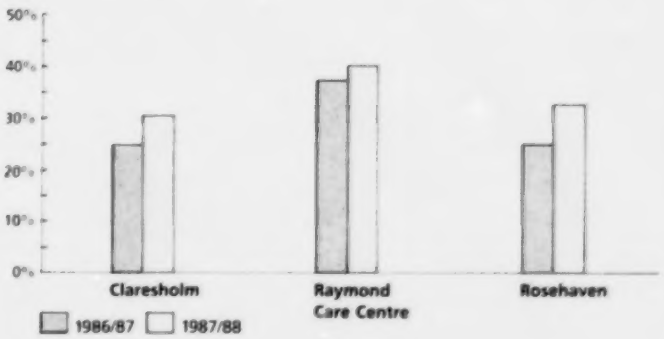


Table 4
Extended Care Centres Selected Indicators
For The Year Ended March 31, 1988

	Claresholm	Raymond	Rosehaven	Total
Admissions	67	22	99	188
Discharges	82	26	126	234
Deaths	8	1	28	37
At March 31, 1988:				
Inpatient beds	150	33	203	386
Day program spaces	40	15	35	90

Source: Extended Care Services, Mental Health Division

Funded Agency Program

Mental Health Services contracts with private sector individuals and agencies to provide residential and non-residential programs in the community. Residential programs provide clients with community-based accommodation that is most appropriate to their needs and level of functioning.

Residential beds now total 882. This increase over previous years is due primarily to funding innovations: clients who have their own incomes or pensions contribute toward accommodation costs. In the 1987/88 fiscal year, slightly over half of the beds were fully or partially funded by clients.

Non-residential programs, with 475 spaces available in the 1987/88 fiscal year, are geared toward developing life skills and enriching the lives of the mentally disabled.

Highlights

- In Edmonton Region, there was a modest expansion of residential accommodation in both approved and group homes.
- Central Region: In Camrose, an Approved Home Recruiting Officer was appointed for the first time, and recruited nine home spaces. In Red Deer, two new programs were funded to serve 75 clients. One develops independent living skills, the other develops social skills.
- Calgary Region responded to local needs by funding fewer residential beds and adding 85 non-residential spaces.
- In South Region, an Approved Home system with six spaces was established in Medicine Hat.

Suicide Prevention Program

The goals of the Suicide Prevention Program are to reduce the incidence of suicides and self-destructive behaviors, and to reduce the impact of suicide on individuals, families and communities. The program incorporates community outreach, education, training and research.

The program subscribes to the following beliefs:

1) Promoting healthy individuals, families, and communities.
2) Prevention of suicide is a societal and community responsibility.
3) Suicide prevention can best be accomplished through collaborative efforts.

The evidence suggests that the program is making a difference: lives have been saved, and individuals in distress have been connected with people who care. The program has been widely supported by community leaders, helping agencies and volunteers.

Highlights

- 63 workshops, attended by 1,400 people, were held through the Suicide Prevention Training Program Foundation. More that 6,000 Albertans have now been trained on how to recognize and intervene when an individual is in a suicidal crisis.
- Information requests to the Suicide Information Education Centre increased by 45% to 2,195. In response, more than 18,000 documents were delivered, a 51% increase over last year.
- Several school boards began to develop policies and guidelines for school-based suicide prevention programs.

Mental Health Research Unit

The division's research staff concentrate primarily on issues related to delivery and planning. In particular, research focuses on four high priority groups: individuals chronically disabled by mental illness, children and adolescents, the elderly, and rural residents. Research also focuses on prevention of mental disorders and promotion of mental health.

The division's research program is well recognized in Canada as well as through international publications and presentations. During the 1987/88 fiscal year, staff produced 26 articles for publication, presented papers at 33 major conferences, and conducted 57 research projects.

The *Research and Information Newsletter*, published quarterly by the research unit, presents abstracts and summaries of mental health papers produced by department staff.

Occupational Health and Safety Division

The objective of the Occupational Health and Safety Division is to prevent injury, ill health and genetic damage resulting from employment. This objective is partially met by the division's formal responsibility for setting and enforcing standards under the Occupational Health and Safety Act, the Radiation Protection Act, and the regulations pertaining to both.

The division's mandate is shared among three major service areas: Occupational Health Services, Research and Education Services, and Work Site Services.

A number of factors had a significant effect on the division's activities during 1987/88. These included the following:

- Successful continuation of the "Work Site Internal Responsibility System," which encourages employers and employees to take more responsibility for their own health and safety.
- The growth of privatization in several activity areas, two effects of which have been 1) to increase the role of staff as consultants and advisors to private-sector entities, and 2) in some measure to reduce direct services.
- Greater emphasis on staff development programs and on the upgrading of individual skills.
- Reorganization of several components in the division's structure, as well as preparations for further reorganization in 1988/89.

Occupational Health Services

The objective of Occupational Health Services is to prevent ill health and disability related to work environments, and to promote work site practices that eliminate occupational health hazards. Responsibility for meeting these objectives is shared by four branches: Laboratory Services, Medical Services, Occupational Hygiene and Radiation Services.

Occupational Health Services works with the federal and other moved from agreements in principle to a timetable for implementation. WHMIS is a pan-Canadian initiative developed by industry, labour, and federal and provincial governments. It emphasizes the role of manufacturers and employers in providing hazardous materials information to work sites.

- A series of Competency Analysis Profiles were developed with industry for asbestos control on demolition projects.
- To protect worker health and to ensure compliance with legislated requirements, more than 200 letters/reports were sent to employers outlining recommendations for healthy work sites; an additional 300 set out requirements for compliance. Ninety-five orders were issued under the Occupational Health and Safety Act.
- Ten facilities were reviewed under the New Plants Program. The purpose of the program is to identify potential health hazards and incorporate remedies at the conceptual stage of plant design.
- A comprehensive inspection of autobody repair shops was completed in which the adequacy of respiratory protective equipment and ventilation in paint booths were examined. The inspection evolved from earlier reports of ill health related to paint containing isocyanates.
- An information package was developed to assist companies which have set up their own Work Site Internal Responsibility Systems.
- Expertise on asbestos-handling hazards and legislation was provided for contractor courses.

Radiation Health Branch

The mandate of the branch is to prevent injury and ill health from the use of ionizing and non-ionizing radiation. The branch works with federal and provincial agencies on legislation related to radiation. In 1987/88, this work involved reviews of guidelines and safety codes concerning quality assurance, equipment specifications, mammography, and dental radiology.

The branch works closely with educational/medical authorities and associations on radiation protection, quality assurance and other areas of health concern. Special evaluations are made of new equipment being introduced into the province.

Highlights

- More registration and inspection certificates were issued for medical and dental x-ray facilities and equipment than in the previous year.

	1987/88	1986/87
Registration certificates	422	351
Inspection certificates	435	252

- A survey of ultraviolet tanning businesses was completed in the Edmonton area.
- In the industrial and special applications program, 217 inspections were conducted. Of these, 79% involved non-ionizing radiation sources. Also, 352 radiation-emitting devices and sources were assessed for compliance; 105 leak tests were undertaken. Staff responded to 534 enquiries, of which two-thirds concerned non-ionizing radiation sources, including microwaves, VDTs and lasers. provincial governments, associations and educational authorities. It also works closely with Worksite Services staff and individual clients.

Laboratory Services Branch

The branch provides analytical services to support the work of the division's field officers, including evaluation of occupational health hazards in the workplace. Hazards may be chemical, physical, or radiation.

Downsizing and privatization of laboratory services have led to a change in the branch's role. Now, greater concentration is being placed on training and guidance for private sector laboratories.

Highlights

- The laboratory maintained its full accreditation by the American Industrial Hygiene Association.
- The laboratory processed 3,844 samples, a total comparable to the previous year.
- A method was developed for monitoring worker exposure during clean-up operations involving transformers containing PCBs.
- Analytical methods were developed in many activity areas, including air quality, quality control reference materials, cadmium in blood and PCBs.

Medical Services Branch

The branch's responsibility is to provide advice and consultation in occupational medicine and nursing; the purpose is to reduce the incidence of occupational diseases and injury.

Highlights

- Eleven new guidelines on occupational health topics were prepared for health professionals; nine bulletins were developed for workers. These efforts substantially reduced the volume of telephone inquiries during the year.
- A nurse was hired during the year as a workplace consultant on Acquired Immune Deficiency Syndrome (AIDS). An article on AIDS and the workplace was published in the division's magazine; 20,000 reprints were also distributed.
- Reports were completed on two significant projects: 1) an analysis of the Fibrosis Program, and 2) a survey of the occupational health of workers in autobody shops. Studies were also undertaken on skin problems in oil sands workers and health problems in workers exposed to styrene.
- Membership records of the Heat and Frost Insulators Union were merged into a registry of insulation workers which can later be matched with the Alberta Cancer Registry.

Occupational Hygiene Branch

The branch's objective is to ensure that workers are protected from health hazards associated with their work environments or work practices. Two significant factors are affecting branch activity: the trend to privatization of services, and growing recognition by industry of the role of ergonomics in occupational health and safety.

The number of private sector occupational health and safety consultants is increasing. At the same time, progress in work site expertise is being seen as one key to reducing reliance on government services.

Requests to the branch for information packages on ergonomics rose to 104 from 50 in the previous year. Yet this science, which studies the relationship of people and their work environment with a view to increasing efficiency, has few qualified practitioners in Alberta. Increasing expertise in this specialized field represents a major challenge for the province.

Highlights

- Approximately 1,200 field investigations were made at 858 work sites. The table below shows that management requests are up; worker requests and referrals from other branches are down.
- The Chemical Hazards Information Program was greatly expanded with the addition of some 25,000 Material Safety Data Sheets (MSDSs) from the Canadian Centre for Occupational Health and Safety. The program previously contained 16,000 MSDSs.
- Responses to technical inquiries from the field increased from 4,000 to 4,200.
- Introduction of the Workplace Hazardous Materials Information System (WHMIS) moved from agreements in principle to a timetable for implementation. WHMIS is a pan-Canadian initiative developed by industry, labour, and federal and provincial governments. It emphasizes the role of manufacturers and employers in providing hazardous materials information to work sites.
- A series of Competency Analysis Profiles were developed with industry for asbestos control on demolition projects.
- To protect worker health and to ensure compliance with legislated requirements, more than 200 letters/reports were sent to employers outlining recommendations for healthy work sites; an additional 300 set out requirements for compliance. Ninety-five orders were issued under the Occupational Health and Safety Act.
- Ten facilities were reviewed under the New Plants Program. The purpose of the program is to identify potential health hazards and incorporate remedies at the conceptual stage of plant design.

Requests/Referrals From	Number	
	1987/88	1986/87
Workers, Unions, and Joint Work Site Health and Safety Committee	237	279
Management	227	218
Other government agencies and private sector physicians	202	195
Other branches in the division	174	162
Branch staff	18	112
	858	969

- A comprehensive inspection of autobody repair shops was completed in which the adequacy of respiratory protective equipment and ventilation in paint booths were examined. The inspection evolved from earlier reports of ill health related to paint containing isocyanates.
- An information package was developed to assist companies which have set up their own Work Site Internal Responsibility Systems.
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Research and Education Services

Research and Education Services promotes occupational health and safety through education, data gathering, research and publications. The organization's responsibilities are shared by two branches: Education and Program Development, and Research.

Education and Program Development Branch

The mandate of the branch is to develop educational and consulting services. During the year, the focus of activity shifted from program delivery to promotion, program development, and liaison with industrial organizations.

Highlights

- Assistance in start-up operations was given to 10 new work site health and safety committees; 41 other committees were given individual assistance.
- Several industry sectors were approached to consider forming safety councils, including autobody shops, demolition contractors, janitorial services, ski lift operators, and waste disposal operations.
- Several new publications were produced. Titles include *Safe Work Permits, Confined Space Entry,* and *Back Injury Prevention.*
- More than 50 seminars were given across the province. Topics ranged from Sewer Entry Safety, Stress, and Ventilation, to Problem Solving for Safety Committees.
- The branch co-sponsored an international conference on occupational back injuries. Held in Calgary, the event was attended by 220 delegates. Other sponsors were the Alberta Hospital Association and the Workers' Compensation Board.
- Several colleges were given assistance in adding occupational health and safety components to apprenticeship and technology programs.
- An educational program for high schools was developed and presented to more than 2,700 students throughout the province.
- In line with the trend toward privatization of occupational health services, the branch developed policies for liaising with and assisting private consultants.

Research Branch

The branch provides research, data, and consulting services to internal and external clients. It also administers the Occupational Health and Safety Heritage Grant Program.

Requests for statistical information and research assistance in 1987/88 totalled 1,216, reflecting a 40% increase over the previous year. The source of requests has also changed significantly during the past six years, as shown in *Figure 5*. In this reporting period, 75% of all requests came from outside the division.

Highlights

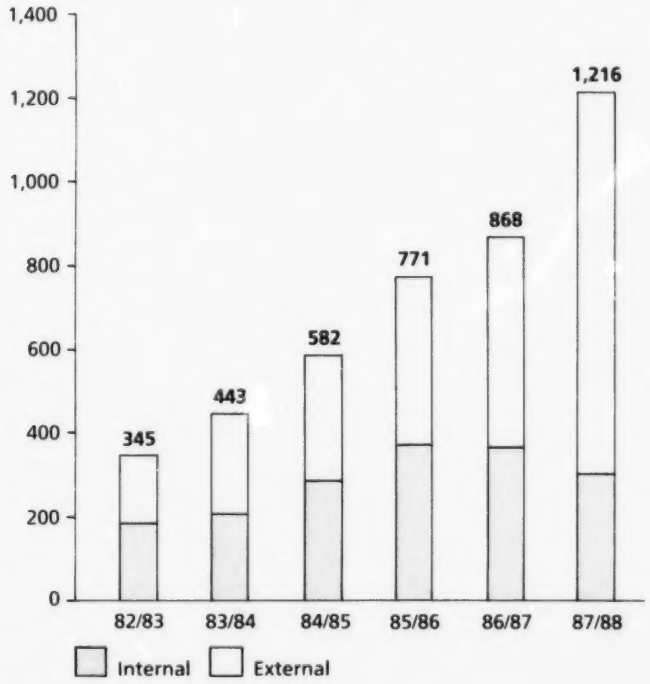
- The branch participated in an interdepartmental working group to identify health issues affecting women in the workplace.
- A pilot project was undertaken to communicate the division's services to new small employers.
- A database of prosecutions by the division was started. Features of completed prosecutions are being recorded for analysis.
- A profile of small businesses was compiled by industry to identify those with high claim rates and significantly high or low levels of inspection activity.

Heritage Grant Program

The program supports innovative prevention projects by providing grants to private sector groups and researchers. Emphasis is currently being placed on these priority sectors: chemical and biological hazards, communications, fatal and serious injury accidents, the oil and gas industry, and small business.

In 1987/88, sixteen new Heritage Grant Program projects were approved, including nine renewals. In total, forty projects were in progress during the year. Since the program's inception in 1981, 149 projects have been approved.

Figure 5
Research Branch Information Requests Received
Six-Year Comparison



Work Site Services

The goal of Work Site Services is to prevent work-related accidents and ill health at the worksite itself. This is achieved through inspections, investigations of incidents, and development of safety standards, guidelines and procedures. Responsibility is shared among three branches: Inspection North, Inspection South, and Engineering and Mines.

Tables 5 and 6 summarize the inspection and investigation activities undertaken by Work Site Services. *Table 5* demonstrates the priority placed on high-hazard industries such as oil and gas, forestry, construction and mining.

During the year, Work Site Services conducted the field work for the Occupational Hygiene Branch's investigation of autobody shops. In addition, special attention was given to 16 drilling sites designated as "critical sour wells" by the Energy Resources Conservation Board.

Inspections of drilling and service rigs were increased in 1987/88 in response to high injury and fatality rates in the petroleum industry.

Table 5
Inspection Activities
For Year Ended March 31, 1988

Inspections, by Industry		**Number**
Construction		6,855
Drilling and Service		
Drilling rigs	859	
Service rigs	346	
Sour wells	163	
Special service	75	1,453
Gas plants		285
Forestry/Logging		294
Wood Product Mills		179
Mining		149
Other		1,158
	Total	**10,373**
Orders Written		
Stop Work/Stop Use		189
Contravention of legislation		3,456

Figure 6
Inspections by Industry
For The Year Ended March 31, 1988

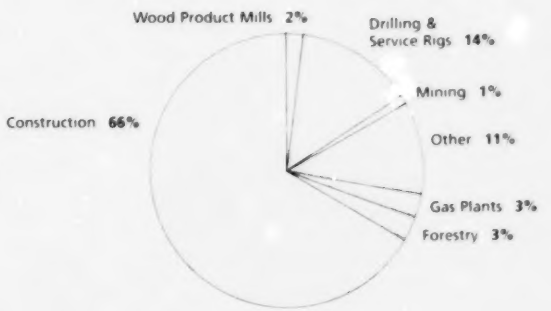


Table 6
Investigation Activities
For Year Ended March 31, 1988

Investigations, by Type		Number
Fatal accidents		40
Accidents involving serious or potential injuries to workers		192
Complaints by workers		
Justified, requiring corrective orders	283	
Not justified	250	
Referred to other agencies	87	620
	Total	**852**

Inspection Branch North

The branch is responsible for the area north of Ponoka. One significant factor affecting the branch during the year was the combination of strong growth in the forestry industry and an increase in drilling activity. Ninety-nine percent of the province's inspections in logging operations and wood product mills occurred in the northern region. Two thirds of all drilling and service rig inspections occurred in the same area.

Highlights

- Staff from several branches were heavily involved in the search and rescue operations conducted after a tornado struck the Edmonton area in August 1987.
- Twenty-eight safety seminars, involving more than 1,000 workers, were held for the forest industry, primarily in remote rural areas.
- Three seminars were organized on "Flame Resistant Anti-Static Workwear".
- The Mines Inspection Group developed information training packages on the safe use of heavy equipment and on mine rescue.

Inspection Branch South

Construction site inspections in the area south of Ponoka increased 25% over the previous year (from 2,521 to 3,151) due primarily to construction activity associated with the Calgary Winter Olympics.

Of the 409 complaints investigated by the branch in 1987/88, 11 were made by workers who believed they had been wrongfully dismissed or disciplined by their employers for complying with the Occupational Health and Safety Act and regulations. In 1986/87, there were five such complaints.

Highlights

- Branch staff worked with industry representatives to complete safe practice guidelines and operating procedures for roofers' hoists, well testing, storage and handling of chlorine gas in swimming pools, handling of ammonia and fluorocarbon refrigerants in public recreation facilities, and sour product hauling.
- The branch co-sponsored a seminar on Scaffold Safety with the Calgary Construction Association and the Scaffold Industry Association of Canada.

Engineering and Mines Branch

The branch provides engineering support to the division and administers several programs, including mine workers' certification and blasters' permits. In 1987/88 the branch formally established closer liaison with the Energy Resources Conservation Board.

Highlights

- Staff participated in the development of Canadian Standards Association (CSA) standards on Mine Electrical Safety and on Fall Protection.
- An ad hoc committee with industry participation was set up to investigate a possible CSA standard on flame-arresting equipment.
- The branch sponsored, in cooperation with the University of Calgary, a seminar on Engineering Practices for Safety.

Human Resources Division

The Human Resources Division comprises these activity areas: Employee Relations Branch, Personnel Services Branch and Staff Development Branch.

Major thrusts of the division's work during the year were toward staff development, the upgrading of individual skills at all levels, and development of information systems.

At March 31, 1988, the department had 1,393 permanent full-time positions.

Employee Relations Branch

Branch responsibilities include salary and benefits administration, employee health and safety standards, contract negotiations, grievances, and information systems related to human resources. Principal statistics for the year were as follows:

Employees eligible to participate in Early Retirement Incentive Program (ERIP)	239
Employees participating in ERIP	80
Injury claims to Workers' Compensation Board	56
Total days lost to injury	339.5
Employees receiving monthly Long-Term Disability Insurance (LTDI) benefits at March 31, 1988	45

Personnel Services Branch

Branch activities include staffing, consultation, organizational design and classification. Principal statistics for the year were as follows:

Staffing activities (includes promotions, transfers, exemptions, competitions)	358
Competitions conducted	129
Classification submissions	560
Classification submissions completed	536

Personnel Services initiated several systems and procedures, including recruitment packages for Mental Health Regions and implementation of delegated authority for clerical entry level.

All position files were reviewed during the year and entered into the central computer system. As well, the status of management position files was reviewed prior to the expected receipt of management classification authority.

Staff Development Branch

Branch responsibilities include training and development, orientation, and the Professional Training Bursary program. An activity summary follows.

Activity	No. Participating Employees
Training courses run by Personnel Administration Office	308
Other courses	891
Smoking Cessation Programs	35
Comprehensive Performance Management Reviews	275
Leadership for Change Program	8
Secondments	6
Educational leaves and exchanges	6
Professional Training Bursaries	60

Staff Development also coordinated the return in service of more than 80 individuals.

Management Support Services Division

The mandate of the Management Support Services (MSS) Division is to be the policy, planning and evaluation arm of the department. In this role, MSS helps program divisions to examine and evaluate service delivery. It also assists in designing plans to meet emerging needs and issues. Activity is divided among four branches: Evaluation and Management Audit, Legislative Affairs, Planning, and Policy Issues Management.

Evaluation and Management Audit Branch

The branch evaluates the effectiveness of programs and services, or those of agencies funded by the department. It also audits management performance, researches departmental operations, and consults with programs on education or research topics.

Legislative Affairs Branch

Legislative Affairs conducts legislative reviews which may lead to proposals for new or amended legislation. As well, it assists in developing legislation for the department's programs and services, and maintains records of prosecutions under the Occupational Health and Safety Act.

Planning Branch

The branch furnishes planning data for use by the department, health units and Family and Community Support Services. It also assists with strategic and operational planning, and provides support in policy analysis and research.

Policy Issues Management Branch

This branch identifies, analyzes, and develops responses to emerging trends and issues that will affect the department's work in the short to mid-term future.

Highlights

- Two publication projects were completed for Family and Community and Support Services (FCSS). 1) *Family and Community Support Services Self-Audit Guide* is a resource tool to help assess the operation of programs. 2) *Social Indicators* presents statistical data of value to FCSS directors and staff in their planning functions.
- Management audits were conducted for Calgary Environmental Health Services, Red Deer Environmental Health Services, and Lac La Biche FCSS.
- An evaluation of the Suicide Prevention Provincial Advisory Committee began. Completion is expected in 1989.
- The division helped develop amendments to these Acts and Regulations:
  - Marriage Act
  - Occupational Health and Safety Act
  - Public Health Act
  - First Aid Regulation
  - General Safety Regulation
  - Workplace Hazardous Materials Information System Regulation
- The following publications and reports were prepared:
  - *Alberta Community and Occupational Health Services, by Constituency*
  - *Behavioural Health Risk Factors in North Central Alberta*
  - *Birth and Death Statistics by Health Units, for 1985 and 1986*
  - *Compendium of Health Status Reports*, an overview of selected demographic and health status indicators for the 27 health units.
  - *Health Promotion and Prevention Program Inventory*
  - *Peace River Risk Factor Survey - 1986*
  - *Population Estimates for Health Units, 1986*
  - *Women's Health: An Overview of Indicators and Select Bibliography*

The division also helped Health Program Development prepare *Moving Into the Future for the Health of Albertans*. This report presents major provincial trends affecting health programs, and highlights issues affecting individual and community health.

Program Support Services Division

The Program Support Services Division provides a broad range of services to the department through five branches: Administrative Services, Financial Services, Information Systems and Services, Library Services and Vital Statistics.

A major goal during the year was to improve the department's internal communication practices. The objective was twofold: first, to make Program Support Services and staff more visible and accessible; and second, to broaden the division's knowledge of departmental programs and needs so that planning functions become more effective.

Responsibilities of the branches are as follows.

Administrative Services Branch

The branch acquires, manages, and disposes of materials and supplies ranging from facilities and fixed assets to furniture and telecommunications equipment. It also administers records, handles insurance, vehicle leasing and maintenance, and supplies courier and communication services.

Financial Services Branch

Financial Services administers financial reporting systems, financial advisory services, revenue collection, and accounting transactions; prepares budgets and forecasts; and acts as the department's controller.

Financial information and revenue statements for the year ended March 31, 1988, appear on pages 31 through 33.

Information Systems and Services Branch

The branch provides and coordinates electronic systems and services in the department. Emphasis in the reporting period shifted away from the start-up operations of the previous year to stabilizing and enhancing existing systems and services.

Library Services Branch

The library provides materials and services for research and information needs, and supplies materials and services to support health promotion activities. The branch also serves external clients including other government departments, health-oriented agencies and groups, industry, workers and the public. Resource materials include more than 500 videos and 16mm films on occupational safety topics.

The branch provides public access to the on-line computer data base of the Suicide Information and Education Centre (SIEC) and the library's data base of selected resources on Acquired Immune Deficiency Syndrome (AIDS). Data base services are also enhanced through an agreement between the department and the Canadian Centre for Occupational Health and Safety. The agreement gives the department access to a number of the Centre's data bases, including Canadian research, chemical hazards and toxicology, organizations, and Canadian case law.

The following table summarizes, in round figures, library services rendered during the year.

Responses to information requests requiring significant research	10,000
Inter-library loans processed	3,000
Books loaned	9,000
Periodicals loaned	4,000
Pages of data supplied	225,000
Videos and 16mm films loaned	3,000
On-line data base searches completed	400

Vital Statistics Branch

Through administration of the Vital Statistics Act, the Marriage Act, and the Change of Name Act, the branch registers all births, marriages, and deaths in Alberta. It also processes change of name requests, provides a data base to monitor public health, and registers and licenses marriage commissioners and clergy to perform marriages.

A comparison of births, marriages, and deaths in the 1985-1987 period is shown in *Table 7*.

Highlights

- Administrative Services consolidated 40 individual work sites into a corporate office complex.
- Financial Services continued development of the Departmental Financial System. Scheduled to be operational in October 1988, the system decentralizes data entry, improves access to financial data, and provides financial management reporting.
- Information Systems and Services geared its activities toward stabilizing and enhancing services. Broader strategic planning for information technology was started, and a framework was created for directing and managing such technology. In total, 18 significant development and support activities were undertaken.
- Library Services completed these three significant projects:
  1) Developed Canada's first major provincial collection of reference material on AIDS. The collection is currently the second largest of its kind in Canada.
  2) Assembled reference material to help industry meet requirements of the Workplace Hazardous Materials Information System, which comes into force in October 1988.
  3) Updated and expanded its mental health and public health collections.

Table 7
Births, Marriages, and Deaths in Alberta
1985-1987

	1987	1986	1985	% Change 1986-1987
Births (total)	42,094	43,670	43,684	−3.59
Births out of wedlock	8,328	8,069	7,628	+3.11
Stillbirths	263	265	257	−0.76
Marriages	18,623	18,892	19,738	−1.44
Deaths	13,387	13,656	13,299	−2.01

Financial Information 1987/88

Budget Estimates, Special Warrants and Expenditures by Vote ($000)

	Comparable 1987/88 Budget Estimates	1987/88 Special Warrants	Comparable Expenditures For The Years Ending March 31 1988(A)	1987(B)
Vote 1 - Departmental Support Services				
Minister's Office	179		210	261
Deputy Minister's Office	461		598	475
Communications	984		1,070	960
Management Support Services	1,033		1,002	962
Human Resources	1,458		1,414	1,335
Executive Director-Program Support Services	207	(30)	149	159
Financial Services	1,416		1,388	1,239
Administrative Services	1,382		1,567	1,329
Information Systems & Services	2,628	(85)	2,236	1,774
Library Services	473		471	446
Total Vote 1	**10,221**	**(115) (C)**	**10,105**	**8,940**

(A) 1987/88 is based on year-end report 6040
(B) 1986/87 is audited and made comparable to 1987/88 estimates
(C) 1987/88 budget was reduced by amount of 1986/87 overexpenditure, pursuant to section 32 of Financial Administration Act

Vote 2 - Preventive Health Services (Sub-Programs)				
Program Support	647		774	598
Family and Community Support Services	31,261		30,485	31,265
Prevention of Communicable Disease	7,480		9,080	7,322
Provincial Laboratories of Public Health	8,767		9,184	9,650
Home Care Services	32,293		32,321	33,479
Environmental Health Services	6,319		6,322	6,487
Dental Health Services	8,129		8,095	8,740
Auxiliary Health Services	59,229		58,802	59,788
Independent Living Benefits	48,793		42,636	45,771
Vital Statistics	1,502		1,512	1,592
Total Vote 2	**204,420**		**199,211**	**204,692**

(continued)

Budget Estimates, Special Warrants and Expenditures by Vote ($000)

	Comparable 1987/88 Budget Estimates	1987/88 Special Warrants	Comparable Expenditures For The Years Ending March 31 1988(A)	1987(B)
Vote 3 - Occupational Health & Safety Services (Sub-Programs)				
Program Support	248		335	367
Industry and Technical Services	5,779		5,579	6,050
Work Site Services	3,911		3,785	4,123
Total Vote 3	**9,938**		**9,699**	**10,540**
Vote 4 - Mental Health Services (Sub-Programs)				
Program Support	1,507	175	1,926	1,811
Community Mental Health Services	24,036	700	23,907	25,489
Extended Community Care Centres	17,376	375	17,594	18,603
Total Vote 4	**42,919**	**1,250**	**43,427**	**45,903**
Vote 6 - Workers' Compensation (No Sub-Program Breakdown)				
Workers' Compensation Board Pensions	17,218		15,730	16,910
TOTAL DEPARTMENT	**284,716**	**1,135**	**278,172**	**286,985**

Revenue For The Year Ended March 31, 1988 ($000)

	1987/88	1986/87
Government of Canada	$6,518,329	$9,679,354
Fees, Permits & Licenses:		
Maintenance	1,767,720	1,568,592
Vital Statistics	1,238,420	1,191,509
Other	404,395	396,106
Total	**$3,410,535**	**$3,156,207**
Other Revenue:		
Refunds Of Expenditures		
Occupational Health & Safety	6,071,000	5,879,000
Previous Year's Refunds	1,836,873	2,252,749
Services & Supplies To Staff	16,213	18,713
Other	19	4,264
Miscellaneous	394,985	442,627
Total	**$8,319,090**	**$8,597,353**
TOTAL DEPARTMENT	**$18,247,954**	**$21,432,914**

Advisory and Appeal Secretariat

Advisory and Appeal Secretariat provides both financial and administrative support to four ministerial committees. A description of each committee follows, along with its highlights for 1987/88.

Provincial Mental Health Advisory Council (plus Six Regional Mental Health Councils)

The provincial council advises the minister on mental health matters. It also administers an annual $750,000 grant for the promotion and development of mental health research.

- Participated in developing the joint federal/provincial Uniform Mental Health Act.
- Assisted in developing the New Mental Health Act, Bill 3.
- Funded projects and examined community approaches to mental health care for young offenders, children and the chronically mentally ill.

Public Health Advisory and Appeal Board

This board advises the minister on public health issues and hears appeals on local health unit board decisions.

- Provided recommendations on the organization, research and delivery of public health services in Alberta.

Occupational Health and Safety Council

The council hears appeals from orders issued under the Occupational Health and Safety Act and advises the minister on related issues.

- Examined safety in apprenticeship training and the oil and gas/drilling industries.
- Participated in a Safe Communities pilot project in Red Deer.
- Participated in implementing the Workplace Hazardous Materials Information System.
- Carried out a public education campaign on occupational health and safety.

Provincial Advisory Committee on Suicide Prevention

This committee oversees and coordinates Alberta's suicide prevention program and its budget.

- Initiated the first major evaluation of Alberta's internationally-recognized suicide prevention model.
- Conducted two workshops with suicide prevention agencies to establish priorities for the next five years.

Legislation Administered by Alberta Community and Occupational Health

Blind or Deaf Persons' Rights Act, Chapter B-6-R.S.A., 1980

Change of Name Act, Chapter C.-4-R.A., 1980
- Change of Name Regulation, A.R. 115/86

Coal Mines Safety Act, Chapter C-15-R.S.A., 1980.
- Coal Mines Safety Regulation, A.R. 333/75

Dental Profession Act, Chapter D-9.5, 1983.
- Dental Profession Regulation, A.R. 328/84

Department of Community and Occupational Health Act, Chapter D-13.5, 1986.

Emergency Medical Aid Act, Chapter E-9-R.S.A., 1980

Family and Community Support Services Act, Chapter F-1.1, 1981.
- Family and Community Support Services Regulation, A.R. 237181

M.S.I. Foundation Act, Chapter M-23-R.S.A., 1980

Marriage Act, Chapter M-6-R.S.A., 1980
- Marriage Act Regulation, A.R. 111/85

Mental Health Act, Chapter M-13-R.S.A., 1980.
- Mental Health Hospitals Regulation, A.R. 436/82
- Mental Health Regulations, A.R. 119/73
- Provincial Mental Health Advisory Council and Regional Mental Health Council Remuneration Regulation, A.R. 311/81
- Regional Mental Health Area Regulations, A.R. 65/75
- Review Panel Remuneration Regulation, A.R. 238/81

Nursing Service Act, Chapter N-15-R.S.A., 1980.

Occupational Health and Safety Act, Chapter 0-2-R.S.A., 1980.
- Asbestos Regulation, A.R. 7/82
- Chemical Hazards Regulation, A.R. 8/82
- Coal Dust Regulation, A.R. 243/83
- Designation of Hazardous Materials Regulation, A.R. 387/81
- Designation of Occupations Regulations, A.R. 288/76
- Designation of Serious Injury and Accident Regulation, A.R. 298/81
- Explosives Safety Regulations, A.R. 272/76
- First Aid Regulation, 1981, A.R. 299/81
- General Safety Regulation, A.R. 448/83
- Grants Regulation, A.R. 374/81
- Noise Regulation, A.R. 314/81
- Regulations pursuant to the Occupational Health and Safety Act, Regulation Various/1977 (JWSH&SC)
- Silica Regulation, A.R. 9/82
- Ventilation Regulation, A.R. 326/84
- Vinyl Chloride Monomer Regulation, A.R. 10/82

Public Health Act, Chapter P-27.1, 1984
- Alberta Aids to Daily Living and Extended Health Benefits Regulation, A.R. 236/85
- Barbershop and Beauty Culture Parlors Regulations (Division 30), A.R. 572-57
- Bodies of Deceased Persons Regulation, A.R. 237/85
- Co-ordinated Home Care Program Regulation, A.R. 239/85
- Communicable Diseases Regulation, A.R. 238/85
- Financial Administration Regulation, A.R. 102/86
- Fluid Milk Regulation, (Division 9), A.R. 572/57
- Food Regulation, A.R. 240/85
- Forms Regulation, A.R. 193/85
- Housing Regulation, A.R. 241/85
- Institutions Regulation, 1981, A.R. 143/81
- Livestock and Poultry Regulations (Division 23), A.R. 297/72
- Milk Standards Regulation (Division 33), A.R. 242/85
- Nuisance and General Sanitation Regulation, A.R. 242/85
- Public Nomination Regulation, A.R. 243/85
- Qualifications of Inspectors Regulation, A.R. 244/85
- Recreation Area Regulation, A.R. 245/85
- Regulated Matter Regulation, A.R. 246/85
- Swimming Pool Regulation, A.R. 247/85
- Treatment Services Regulation, A.R. 248/85
- Waiver Regulation, A.R. 249/85
- Waste Management Regulation, A.R. 250/85
- Work Camps Regulation, A.R. 251/85

Quarries Regulation Act, Chapter Q-1-R.S.A., 1980

Radiation Protection Act, Chapter R-2-R.S.A., 1980

Radiation Protection Act, Chapter R-2.1, 1985. *Awaiting Proclamation.*
- Radiation Protection General Regulations, A.R. 181/72
- Regulations Respecting the Protection of Persons from the Hazards of Laser Operation, A.R. 45/73

Radiological Technicians Act, Chapter R-3-R.S.A., 1980

Vital Statistics Act, Chapter V-4-R.S.A., 1980
- Access to Information Regulation, A.R. 376/85
- Registrations, Fees and Forms Regulation, A.R. 304/85